

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028726

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Primary Registration District No. 149
FILED JUL 31 1963

Primary Registration District No. 1002 Registrar's No.

3769

STATE FILE NUMBER

VS 300
Rev. 4/59

1

2 3 007

3

4 0

5 0

6

7 9

8 2

97955

10

11

1271-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b

UNKNOWN

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 104 Hill Crest

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

UNKNOWN

b. COUNTY

UNKNOWN

c. CITY
OR TOWN

UNKNOWN

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

UNKNOWN

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

UNIDENTIFIED INFANT

4. DATE
OF DEATH

Month

Day

Year

FOUND June 13, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

UNKNOWN

9. AGE (last birthday)

UNKNOWN

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10b. KIND OF BUSINESS OR INDUSTRY

INFANT

11. BIRTHPLACE (City and state or country)

UNKNOWN

12. CITIZEN OF WHAT COUNTRY

UNKNOWN

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Coroner's Investigators Report

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shelexen of prematurity

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

7

infant

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

7-5-63

23c. NAME OF CEMETERY OR CREMATORY

MT. WASHINGTON CEMETERY

23d. LOCATION (City, town, or county)

INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

7-5-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Fluid pack, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Duncan

Licensed Embalmer No. 5228

P. O. Address Dorchester, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.